

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. **09 / 673373** FILING DATE _____
APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	I						
2		I					
3		I					
4		I					
5		I					
6		I					
7		I					
8		I					
9		I					
10		I					
11		I					
12		I					
13		I					
14		I					
15		I					
16		I					
17		I					
18		I					
19		I					
20		I					
21		I					
22		I					
23	I						
24		I					
25		I					
26		I					
27		I					
28		I					
29		I					
30		I					
31		I					
32		I					
33		I					
34		I					
35		I					
36		I					
37		I					
38		I					
39		I					
40		I					
41		I					
42		I					
43		I					
44		I					
45		I					
46							
47							
48							
49							
50							
TOTAL IND.	2						
TOTAL DEP.	43						
TOTAL CLAIMS	45						

TOTAL IND.				
TOTAL DEP.				
TOTAL CLAIMS				